

MUNICIPALITY BUDVA
Secretariat for economy and finance
Sector for organizing and recovery of local public revenue

FORM OPP-BD

MONTHLY ACCOUNTING REPORT FOR SURTAX ON INCOME TAX OF NATURAL PERSON

1.	Tax period Month _____ Year _____	2.	Taxpayer identification number (TIN)
3.	Name (legal person) , Surname and name (natural person)	4.	Activity code
5.	Address Street _____ Number _____ City _____ Telephone _____		
6.	Authorized person _____ TIN _____ Surname and name _____ Address _____ Telephone _____		

BANK ACCOUNTS

BANK NAME	ACCOUNT NUMBER

No.	INCOME TAX TYPE	TOTAL TAX	RATE OF SURTAX 10%	TOTAL SURTAX
1.	2.	3.	4.	5.(3*4)
1.	Tax on personal earnings			
2.	Tax on self-employment activities (for non-residents)			
3.	Tax on property and property rights			
4.	Tax on capital			

I declare, under full material and criminal liability that above stated information is correct.

Date of form submission _____ M.P. _____
Signature of authorized person

Filled in by Taxation body		
Document number _____	Date accepted _____	Date processed _____
Name and Surname of authorized employee.....Signature:		